

FORM 2***Disclosure of Owners, Investors, Managers and Controlling Parties****Part I: Ownership Structure**

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

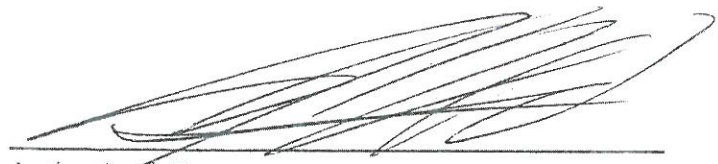
Name Kevin P Hoffman	Title CEO	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Jamestown	State RI	ZIP 02835	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) None		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name Michael Zachara	Title General Counsel, Secretary and Chief Compliance Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Summit	State NJ	ZIP 07901	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name Amy R Wiehl	Title Operations	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Long Valley	State NJ	ZIP 07853	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name Andrea C. Kistner	Title Advisor	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Long Valley	State NJ	ZIP 07853	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]
Name N/A	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No

Application for Medical Marijuana Cultivator License

Address		City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity)			Own. % Business Associated with		Effective Own. % in Applicant	
Name N/A		Title	SSN/FEIN		DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity)			Own. % Business Associated with		Effective Own. % in Applicant	
Name N/A		Title	SSN/FEIN		DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity)			Own. % Business Associated with		Effective Own. % in Applicant	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
Dina Realty, Inc.	N/A		


 Authorized Signatory
 Devin P. Hoffman, CEO

December 27, 2016

Date